

FILED

FORM TO BE USED BY A PRISONER IN
FILING A CIVIL RIGHTS COMPLAINT

2019 MAR -1 PM 2: 53

CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND
IN THE UNITED STATES DISTRICT COURT
FOR THE
NORTHERN DISTRICT OF OHIO

W.D. Henton

(Enter above the full name of the plaintiff in this action)

vs.

(ODRC)Ohio Department of Rehabilitation
and Correction

770 W. Broad St.

C/O Chief Counsel

Columbus, Ohio 43222

(Enter above the full name of the defendant(s) in this action)

1:19 CV 462
CIVIL CASE NO.

JUDGE POLSTER
JUDGE

COMPLAINT

MAG. JUDGE GREENBERG

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES ☐ NO ☒

B. If your answer to A is yes, describe the lawsuit in the space below, (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number

4. Name of judge to whom case was assigned

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5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. Place of Present Confinement (ODRC) Belmont Correction Institution _____

A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
YES ☒ NO ☐

C. If your answer is YES,

1. What steps did you take? Kite to the Inmate Health Services concerning
illness, hurt, injury, and pain. During the procedure alerted the IHS
Physicians forms were in my after sentencing file transferred to ODRC.

2. What was the result? Denial of the orders for Physicians care.

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities?

YES ☐ NO ☐

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

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III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of the Plaintiff W.D. Henton

Address P.O. Box 540, St. Clairsville, Ohio 43950

(In item B below, place the full name of the defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants).

B. Defendant (ODRC) Ohio Department of Rehabilitation and is employed as
and Correction.
C/O Chief Counsel at

C. Additional Defendants N/A

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. (Attach extra sheet(s) if necessary).

Ohio Department of Rehabilitation and Corrections denial of treatment
by Physicians orders for medication, therapy, and counseling for injuries sustained prior
sentence and incarceration under the care of the Ohio Department of Rehabilitation and
Correction. Hurt, injury, harm, and pain were and are continued without use of the orders
to correct and abate the hurt, injury, harm, and pain. The claim is documented medical
need was ignored by the personell of BeCI Medical IHS. (1) Mandated treatment by a
physician(2) obviously noted by a lay person(3) Causes pain (4)affects Plaintiff daily
life, and (5) may have caused hadicap or permanent loss in mobility of limbs.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes).

Plaintiff request the court to issue order of: Medication, treatment, and therapy counseling for physical injury, hurt, harm, and pain with a one point eight million dollars compensation settlement as the Ohio Department of Rehabilitation has a self care program and Plaintiff may hire Plaintiff Doctors and Nurses to take care of Plaintiff during the Plaintiff incarceration and after incarceration. Plaintiff will use interest from the settlement to maintain constant medication and care needed to sustain a daily life as normacy of daily life is lost by prolonging treatment of physical injuries, hurt, harm, and pain.

Signed this 11 day of February, 20 ¹⁹ 19.

I declare under penalty of perjury that the foregoing is true and correct.

2/11/19
(Date)

W. D. Henton
(Signature of Plaintiff)



Sworn & Subscribed in the presence of
a Notary this 11th day of February, 2019

MICHELLE LYNN THEIL
Notary Public, State of Ohio
My Commission Expires

April 29, 2022

M. J. Shoo

United States District Court
Northern District of Ohio
Ashtabula County, Ohio
Eastern Division

W.D. Henton Plaintiff,

vs.

Ohio Department of Rehabilitation
and Correction 770 W. Broad St.

Columbus, Ohio 43222 Attn. Chief
Counsel.

Defendant.

Case No.:

Judge:

Magistrate Judge:

Affidavit of Prior actions

I, W.D. Henton, being duly sworn, depose and say that I am the Plaintiff in the above-entitled case. I swear or state of truth the prior actions are proper in the accords of the procedure for Civil Procedures of the Federal exhaustion of remedy process and procedure.

Ashtabula County Sheriff's Department Physicians Orders/Progress Notes 8/15/13. Court Judgment Entry Case No.: 1:17-cv-01465 s/Jeffrey J. Helmick United States District Judge, "Henton challenges the medical care he is receiving in prison, and complains he was denied transfer to institute which can provide the necessary care. These claims concern conditions of confinement, not Henton's. Consequently, he cannot bring them in habeas corpus petition." 09/25/18.

Subscribed and Sworn to before me this _____ day of _____, 2019.
U.S. District Court Judge Jeffrey J. Helmick Judgment discussion 1:17-cv-01465

Let the applicant affidavit be accepted as truth with attachments of Medical Care.

District Judge

United States District Court
Northern District of Ohio
Ashtabula County, Ohio
Eastern Division

W.D. Henton

Plaintiff,

vs.

Ohio Department of Rehabilitation
and Correction 770 W. Broad St.

Counsel, Columbus, Ohio 43222

Defendant.

Case No.:

Judge:

Magistrate Judge:

Claims Subject to grievance system

I, W.D. Henton, being duly sworn, depose and say that I am the Plaintiff in the above-entitled case. I swear or state of truth the prior actions are proper in the accords of the procedure for Civil Procedures of Federal exhaustion of remedy process and procedure.

The records of the complaint of the Nurse Sick Call are not available to the Plaintiff but maybe transferred to the Court under provisions to state by the grievance procedure of denial of treatment to Plaintiff with Physicians Orders demanding treatment after sentencing and the accident that cause the injury to the Plaintiff. 07-ORD-11(D)(4)(f).

Subscribed and Sworn to before me this _____ day of _____, 2019.

Let the applicant affidavit be accepted as truth with attachment of Medical Care.

District Judge

Henton challenges the medical care he is receiving in prison, and complains he was denied transfer to an institution which can provide the necessary care. These claims concern conditions of confinement, not Henton's conviction or sentence. Consequently, he cannot bring them in a habeas petition.

CONCLUSION

For the foregoing reasons, Henton's Motion to Proceed *In Forma Pauperis* (Doc. No. 2) is granted, the Petition for a Writ of Habeas Corpus is denied and this action is dismissed pursuant to Rule 4 of the Rules Governing Section 2254 Cases. Further, I certify, pursuant to 28 U.S.C. § 1915(a)(3), that an appeal from this decision could not be taken in good faith, and that there is no basis upon which to issue a certificate of appealability. 28 U.S.C. § 2253; Fed.R.App.P. 22(b).

So Ordered.

s/ Jeffrey J. Helmick
United States District Judge

Ashtabula County Sheriff's Department

25 West Jefferson Street

Jefferson, OH 44047

440-576-0055

PHYSICIANS ORDERS/PROGRESS NOTES

Name Henton, W.DDOB 4-21-58

4/13 offering insulin for C/D back, insulin for Dohu-an

6-1113 1/2 shot every 6 mo for my seral nerve.

5/8/84 No pain epidural at leg.

76 Getting spasms in back.

4 shot or methadone, worried prior to coming to job.

D. Alert limping forward, at leg (per nursing porter banding
HRRR YET A p. bring up garbage)

P. indicates at leg.

Don't tender back, but not.

Reflexes strong & intact.

SLR at approx 140° R +

A. Seated on

P. Motion 1/100 my TID x 100

in R

7-23 My 3rd. 8 nerve is nothing. Dis. pred + nothing more

60/90' Regularly a shot.

77 pain in random itches & shots.

At will not say where pain is - it just shoots.

D. Alert walks forward, at leg.

Don't tender back.

HRRR YET V

SLR "it hurts"

A. Seated on

+ 100

P. Net 2 some 10

Motion 375 my BID x 300

W.D. Henton #A651-180
P.O. Box 540
St. Clarisville, Ohio 43950

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FEB 19 2019

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Northern District of Ohio
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